

Public Health – Seattle & King County

Business Card Information

→ Only fill in the information that you want to appear on your business card.

→ **PLEASE PRINT**, avoid abbreviations – spell out words.

→ Have your manager or supervisor sign the completed form, then forward to your site buyer.

→ **Site buyer submits approved request to:**
King County Graphic Design and Production Services –
GBB-ES-0200, Fax 206-205-8540
(For questions, call 206-205-8550)

Form available on Graphics website in pdf format:
<http://kcweb.metrokc.gov/des/graphics/BCards.asp>

 Public Health Seattle & King County HEALTHY PEOPLE. HEALTHY COMMUNITIES.		 
(1)	Jane Smith	
(2)	Communications Manager	
(3) (4)	Office of the Director	
(5)	999 Third Avenue, Suite 1200, Seattle, WA 98104	
(6)	T 206-205-5442 F 206-296-0166 TTY Relay: 711	
(7)	jane.smith@metrokc.gov www.metrokc.gov/health	

ARMS Coding Block	Req. ORG Descr.	ORG Unit	Task	Option	Project
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**Proofing process: Information submitted on this form is assumed to be correct.
The card will not be returned for additional proofing.**

Please check box if you want:

- ☐ **Medic One or Medical Examiner** business cards include the additional Medic One or Medical Examiner logo.
- ☐ **Two-Sided Printing.** Large print (disability accessible version) or additional phone numbers, etc. Extra charge.
- ☐ **Appointment Cards.** Standard business card format with appointment card on backside. Extra charge.

1 Name _____
Include all hyphens and accent marks in all languages. Prof. Initials: RN, PhD, MPH, etc. – 3 groups maximum

2 Title _____
48 characters maximum

3 Program or Clinic _____
The division, office, program, clinic or unit

4 Mail Stop (Optional) _____ - _____ - _____ **U.S. Post Office requires placement of mail stop above address.**

5 Address _____
Address number, street name spelled out

City, WA and ZIP

6 Phone No. plus TTY (2 maximum)

_____	_____
<i>Area Code and Telephone number</i>	<i>Area Code – Please specify other telephone number</i>
_____	_____
<i>Area Code and Fax telephone number</i>	<i>Area Code and Pager telephone number</i>
_____	_____
<i>Area Code and Cellular telephone number</i>	<i>TTY telephone number</i>

7 E-mail _____

Note: Public Health Web site is standard on all cards.

Approved by _____ Quantity: ☐ 100 (\$30) ☐ 200 (\$33) ☐ 300 (\$36) ☐ 400 (\$40) ☐ 500 (\$45)
Manager or Supervisor *Extra charge for two-sided business cards. If quantity not specified, you will receive 100.*

Submitted by _____ Date _____ Phone _____ M.S. _____
Name of site buyer – Please print

Deliver to: ☐ Submitter ☐ Name on card ☐ Will pick-up, call me at _____